

Date _____

Name _____

Training Position _____

Period of Assignment _____

Service/Care Line _____

School/Program Affiliate _____

Welcome to the Department of Veterans Affairs. You will be assigned to our facility on a Without Compensation (WOC) appointment under authority 38 U.S.C. 7406. During your period of appointment to our facility, you will be paid by the VA using a disbursement agreement with the affiliate noted above and will be authorized to perform services as directed by your VA Supervisor.

If you agree to these conditions, please sign the statement below and return to your VA Site Director at the address above along with your Application (VA Form 10-2850D) and Declaration of Federal Employment (OF 306). Upon receipt, your VA Site Director will forward this information to Human Resources who will contact you to schedule an appointment for fingerprints. You are encouraged to complete this process as early as possible prior to your assignment. Human Resources can be reached at 614-257-5500 for additional information if needed.

Acceptance of this letter, as signified by your signature below, and completion of the Standard Form (SF) 61, which will be provided on the first day of your training, serves as your appointment authorization for this training period. You will not be appointed until a Training Qualification Verification and Credentialing Letter (TQCVL) from your university is on file with Human Resources. This agreement may be terminated by either party by written notice of such intent.

Sincerely,

Laurice Miller
Human Resources Officer

I agree to service in the above capacity under the conditions indicated. Please indicate your citizenship and veteran status by circling the appropriate response below.

Citizenship: Are you a US Citizen? **Yes** **No**

If no, you must provide documentation from your educational institution that no qualified U.S. Citizens were available for this assignment.

Veteran's Status: 1 - Vietnam Veteran (08/05/64 through 05/07/75)
 2 - Other Veteran
 3 - Non Veteran

Signature _____

Date _____

Pursuant to the Privacy Act of 1974, the information about your veteran status is requested under Title 38 United States Code and will be used to help identify veteran status of all VA trainees for statistical and program planning purposes. It will not be used for any other purpose. Disclosure of the information sought is voluntary. Failure to furnish this information will have no adverse effect on any benefit to which you may be entitled.

VA Supervisor's Signature _____ **Date** _____

VA Supervisor's Printed Name _____ Phone Extension _____